SAINT PAUL

NONCONFORMING USE PERMIT APPLICATION

Department of Planning and Economic Development Zoning Section 1400 City Hall Annex 25 West Fourth Street Saint Paul, MN 55102-1634 (651) 266-6589

Zoning Office Use Only						
File #:						
Fee:						

_______City Agent ______

(631) 26							
	Name						
APPLICANT	Address						
				Daytime Phone			
Name of Owner (if different)							
	Contact Perso	on (if different)		_Phone_			
PROPERTY LOCATION	Legal Descrip	tion					
Current Zoning(attach additional sheet if necessary)							
TYPE OF PERMIT		hereby made for a of the Zoning Code:	Nonconforming Use Pe	ermit under provisions of Chapte	r 62,		
The permit is for: Change from one nonconforming use to another (para. c) Re-establishment of a nonconforming use vacant for more than one year (para. e) Establishment of legal nonconforming use status for use in existence at least 10 years (para. a) Enlargement of a nonconforming use (para. d)							
SUPPORTING IN	FORMATION: S	Supply the information	on that is applicable to	your type of permit.			
Present/Past Use							
Proposed Use							
Attach additional s	heets if necessa	ary					
Attachments as required ☐ Site Plan			☐ Consent Petition	n 🗆 Affidavit			

Applicant's Signature